Indiana State Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

William C. VanNess II, MD
State Health Commissioner

Indiana Enhanced Influenza Surveillance Program
Enrollment Form

Name of Health Care Facility: _____

Practice Address: _____

_____

Contact Person: _____

Contact Person's email: _____

County of Practice: _____

Phone: ( ) _____

FAX: ( ) _____

E-mail address _____

Please e-mail this form back to Liz Church at echurch@isdh.in.gov or send by fax at 317-234-2812.